

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/1675695

CLAIMS AS FILED - PART I

| FOR | (Column 1) NUMBER FILED | (Column 2) NUMBER EXTRA |
|----------------------------------|----------------------------|----------------------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 21 minus 20 = | * |
| INDEPENDENT CLAIMS | 2 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10-25-04

| AMENDMENT A | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|--|--|-----------------------------|
| Total | 33 | 21 | 12 |
| Independent | 4 | 2 | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| AMENDMENT B | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|--|--|-----------------------------|
| Total | 4 | 33 | 1 |
| Independent | 1 | 4 | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| AMENDMENT C | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|--|--|-----------------------------|
| Total | * | ** | = |
| Independent | * | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

| RATE | FEE |
|--------|--------|
| | 345.00 |
| X\$ 9= | |
| X39= | |
| +130= | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|--------|--------|
| | 690.00 |
| X\$18= | 18 |
| X78= | |
| +260= | 260 |
| TOTAL | 968 |

SMALL ENTITY TYPE ☐

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X39= | |
| +130= | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

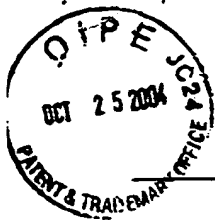
| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X78= | |
| +260= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X39= | |
| +130= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X78= | |
| +260= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X39= | |
| +130= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X78= | |
| +260= | |
| TOTAL | |



PATENT

Case Docket No. IMEC186.001AUS

Date: October 22, 2004

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In re application of : Sandini, et al.
App. No. : 09/675,095
Filed : September 28, 2000
For : CONSTANT RESOLUTION
AND SPACE VARIANT
SENSOR ARRAYS
Examiner : John M. Villecco
Art Unit : 2612

I hereby certify that this correspondence and all marked
attachments are being deposited with the United States
Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450, on

October 22, 2004

(Date)

John M. Carson, Reg. No. 34,303

RECEIVED

OCT 28 2004

Technology Center 2600

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

(X) An extension of time to respond for two months is hereby requested.

Time Extension Fee:

☐ one month (\$110 large entity)
☒ two months (\$430 large entity)
☐ three months (\$980 large entity)

The fee has been calculated as shown below:

| CLAIMS AS FILED | | | | | | |
|---|---|---|---------------------------------------|------------------|-------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| Total Claims | 29 | — | 20 | = 9 x | \$18 | = \$162 |
| Independent Claims | 4 | — | 7 | = 0 x | \$88 | = \$0 |
| If application has been amended to contain multiple dependent claim(s), then add | | | | | \$300 | = \$0 |
| Time Extension Fee | | | | | | \$430 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$592 |

08/25/2005 BAILEY 0000002 111410 09675095

01 FC:1201
02 FC:120288.00 DA
54.00 DA3, Def
1, ind

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Date: October 22, 2004

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- (X) Return prepaid postcard.
- (X) A check in the amount of \$592 is enclosed.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.
- (X) Please use Customer No. 20,995 for the correspondence address.



John M. Carson
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Attorney of Record
Customer No. 20,995
(619) 235-8550

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